

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24708

1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No. 781

Primary Registration District No. 1008

(No. 4324, Linton St.)

File No.....  
Registered No. 6109  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1129 Newhouse St., 76 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Boenerhoff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1843		
7. AGE 89	YEARS 7	MONTHS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Herman Kuhlmann
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT (ADDRESS) Regina Lamber 4324 Linton St.
	18. BURIAL, CREMATION, OR REMOVAL PLACE New Catholic Church, DATE July 14, 1933
	19. UNDERTAKER (ADDRESS) Riderwieser Funeral Home 1315 N. 1st St. St. Louis, Mo.
20. FILED J. A. Bredeck Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1933	
22. I HEREBY CERTIFY That I attended deceased from Oct. 31, 1930, to July 31, 1933 I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 12:50 P.M. The principal cause of death and related causes of importance were as follows: Oedema of Lungs 930 97 1115 Other contributory causes of importance: Chronic Myocarditis Arterio sclerosis	
Name of operation --	Date of --
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) H. J. McConner M.D. (Address) 3621 N. 20th St.

